

# BULLETIN

of the  
MAHONING COUNTY  
MEDICAL SOCIETY

Volume LII

DECEMBER, 1983

Number 9



Season's Greetings

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 Executive Director: Robert B. Blake

## 1983 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1983

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 18	Mar. 15	May 17	Sept. 20	Nov. 15	Dec. 20

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## *From the Desk of the President*



It is said that all good things must come to an end. This past year, I have enjoyed a rather uncomplicated year as president of OUR medical society. This office, as I view it, is important for many reasons.

As we move into the late 1980's, we are seeing many changes in the practice of medicine. Most of these changes are going to be dictated by economic expediency. At first blush, some of these changes might appear to be better for the people — our patients. I sincerely feel, as I know many of you do, that most of those modifications are destined to replace what is universally recognized as the best system of medical delivery ever to evolve with one of poor quality and less accessibility. The patients, I know, will be less happy with what their legislators, their unions, and their employers will have wrought but, unfortunately, they will be unable to turn back to what they have known.

The elected officers of the county medical society (State and National societies as well) will become increasingly important to us in medicine. They are to remain our only unified voice, as we try to keep the strangling fingers of bureaucracy and expedience from destroying the doctor/patient relationship that has resulted in this exemplary system of quality medical care.

It is difficult and time-consuming to be involved in the Medical Society, to go to the many meetings, to act as your elected representatives, and to serve as a focal point for criticism both inside and outside of our organization. If it weren't for the congeniality of those with whom we serve, and if it wasn't perceived as an absolute necessity that some of us take the responsibility of attending to the societal affairs of our 400-plus members, this organization, as many others, would flounder. We must not, at this critical period for medicine, allow a leadership void to occur. We must get involved in our Society, stay in touch with each other, so we may act in a unified, purposeful manner.

This need for County, State and National leadership is absolutely critical. Hospital administrations are unwittingly being placed in adversarial roles with their medical staffs; patients' confidence in physicians is maliciously subverted on many fronts by those who have a desire to change our system of medicine. It is foolhardy to let the control of medicine slip from our grasp because we are too busy, too tired, too uninterested, or just too damn lazy to get involved. The hospital staff meetings have mandatory attendance, the continuing education seminars have mandatory attendance, our society meetings are volun-

(Continued on Page 228)



# BULLETIN

## of the Mahoning County Medical Society

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**Volume LIII**

**DECEMBER, 1983**



**Number 9**

The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

### EDITOR

R. W. Juvancic, M.D.

### EDITOR EMERITUS

James L. Fisher, M.D.

### MANAGING EDITOR

Robert B. Blake

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Robert R. Fisher, M.D.

John C. Melnick, M.D.

James A. Lambert, M.D.

Jack Schreiber, M.D.

## Editorial

### LEONARD CACCAMO

Another large void was left among major area voices in medical education this year with the retirement of Leonard Caccamo as Director of Medical Education at St. Elizabeth Hospital Medical Center.

Leonard, for those of us who knew him well, dedicated himself completely to any project to which he lent his name — church affairs, his private practice, his hospital positions, the medical school, the community — anything.

Some things Leonard refused to accept — inefficiency, inaccuracy, intolerance, indifference. He researched his projects well and was prepared to debate their merits, reasonably. Yet, he was open to new ideas and new approaches.

Leonard was a friend. His honesty and sincerity were bright badges of a character which he displayed proudly.

Leonard will be missed tremendously by all — those of us who recognized his talents and learned from them, plus the public and those who benefited without realizing the great impact Leonard had upon their lives through his many contributions.

Leonard Caccamo — truly a physician in every sense of the word!

Richard W. Juvancic, M.D.

(Continued from Page 226)

tary. Each of us can, at any given moment, think of a dozen things we would rather do than attend still another meeting. Attendance at Society meetings and involvement in the Society, I firmly feel, will improve only when each of us perceives his personal ox is being gored. Wouldn't it be prudent to forge ourselves into a formidable society now, immediately, post haste . . . so our combined intelligence and good judgment might be applied collectively to solve the many problems we are to face, now and in the years to come?

We need YOU, each and everyone! Come to the society forum; come with your ideas, your criticism, your interest, and your enthusiasm; come join us . . . we need you and you need us.

Thank you, one and all, for allowing me the privilege of serving as your president this past year. I have tried to serve you well and I will continue to serve in whatever capacity you might wish to place me in future years.

Thank you.

Paul J. Mahar Jr., M.D.

## HAPPY BIRTHDAY

Get your annual check-up • Is it time to renew your driver's license?



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S. M. Barolsky  
A. R. Dziadzka

**Dec. 17**  
D. B. Brown  
C. A. Crans

**Dec. 18**  
J. M. Kline  
A. P. Mirasol

**Dec. 19**  
L. P. Caccamo  
T. L. Cohen  
D. J. Dallis  
S. R. Zoss

**Dec. 21**  
C. S. Peabody  
E. L. McIver

**Dec. 23**  
A. E. Rappoport

**Dec. 24**  
N. A. Pappas  
H. S. Zeve

**Dec. 25**  
R. D. Murray

**Dec. 26**  
E. S. Dickstein

**Dec. 27**  
A. C. Neptune

**Dec. 31**  
A. T. Gestosani

**Jan. 1**  
D. S. Lee  
V. K. Sethi

**Jan. 2**  
N. C. Domingo  
D. W. Handel  
W. T. Martin  
R. R. Sambandham

**Jan. 3**  
J. B. Stechschulte  
S. R. Weiss

**Jan. 4**  
A. A. Conte  
C. L. Paxson

**Jan. 5**  
R. W. Jackson  
E. U. Krishnan  
L. H. Scharf  
K. Goldenberg

**Jan. 6**  
M. Guthikonda

**Jan. 7**  
J. Hong

**Jan. 8**  
R. L. Bernstine

**Jan. 9**  
N. J. Hazelbaker

**Jan. 10**  
R. Albarran  
S. Cuddapah  
H. J. Hassel  
D. T. Yoder

**Jan. 12**  
M. U. R. Bhatti  
P. H. Huan  
A. S. Nagpaul  
D. VanRees

**Jan. 13**  
Y. V. Ginde

**Jan. 15**  
S. K. Seth  
W. H. Bunn Jr.

**OH YEAH!**

Any man who thinks he has won an argument with his wife doesn't realize it isn't over yet.

## PROCEEDINGS OF COUNCIL

### Nov. 8, 1983

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, Nov. 8, 1983 at the Youngstown Club.

The meeting was called to order at 7:49 p.m. by P. J. Mahar Jr., president. The minutes of the Oct. 11, 1983 meeting, having been read, were approved.

The treasurer's report included a list of members who have not paid 1983 dues, a bill list, and a report of income excess over budget. The bill list was read and a motion made, seconded and passed to pay each bill.

The following applications were presented by the censors:

ASSOCIATE: Frederick A. Peachman, M.D.

Kimbroe J. Carter, M.D.

The applications were approved. The applicants become members of the Mahoning County Medical Society in the voted category 15 days after publication of the names in the *Bulletin* unless objection is filed in writing with the executive director before that time.

Communications included:

A letter from the Americanism Foundation, headed by Dr. Camardese, requesting a contribution to the Foundation to provide sponsors for the Youth Leadership Seminar in the spring of 1984. A motion was made, seconded and passed to contribute \$100.00 to the Americanism Foundation.

A card of thanks from Mrs. Evans for the Society's contribution to the Foundation in memory of Dr. William Evans;

A communication from OSMA concerning attendance at the AMA Interim Meeting in Los Angeles and a request for notification of those attending;

A schedule of rates for membership in the HMP (Health Maintenance Organization) operated by the Blue Cross in Warren;

A legislative alert from OSMA regarding House Resolution 4170 that would have a very deleterious effect on the practice of medicine. The response from the Society to Congressman Williams was read and approved.

The Nominating Committee reported the following nominations for the Nov. 15 nominating ballot: President, G. J. Baumblatt; vice president, J. A. Ruiz; secretary, K. F. Wieneke; alternate delegate, A. G. Bitonte and H. S. Wang; council member-at-large, R. Aiello, D. R. Dockry, M. C. Galose, J. G. Guju, J. W. Tandatnick; Foundation trustees, J. A. Ruiz and R. B. McConnell; representative to Blue Cross, W. E. Sovik.

Sixth District Councilor Dr. Anderson reported on the probability that OSMA will bid to become the PRO (Professional Review Organization) for the State of Ohio. There was considerable discussion of the subject. Dr. Anderson reported the matter would come up at the next State Council meeting.

Dr. Lambert gave a report on the Physicians Peer Review Association meeting held Nov. 3. The impact of a State PRO and the reduced function of the PPRA was a part of the meetings, as reported by Dr. Lambert. DRG implementation and its effect was also a subject of the meeting, as reported by Dr. Lambert.

A notification of need by the Eastside Medical Center for verification of statistics regarding the East Side was presented to Council and the statistics confirmed.

It was announced the next Society Meeting, Nov. 15 will be the annual nomination of officers and will feature Tim Cavanaugh, Mill Creek Park horticulturist.

The December 20 meeting of the Society was announced as the annual election of officers, presentation of 50-year Awards and Doctor of the Year Award.

The meeting was adjourned at 9:24 p.m.

Robert B. Blake, *Executive Director*

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# DOCTOR OF THE YEAR

## 1983



**SAMUEL D. GOLDBERG, M.D.**

The sixth annual "Doctor of the Year" award will be presented to Dr. Samuel D. Goldberg at the Dec. 20th meeting of the Mahoning County Medical Society at the Youngstown Club.

In being selected for the honor, Dr. Goldberg was cited for his outstanding accomplishments and service to the community and organized medicine. A charter fellow of the American Academy of Family Physicians, Dr. Goldberg has been in active Family Practice for 47 years. He has been a member of Board of Health and is serving his fifth term on that board. He is a board member of Blue Cross and Blue Shield, Heritage Manor and Rodef Sholom Temple. His fund raising activities have included efforts for the City of Hope, the Local United Way Fund and St. Elizabeth Hospital.

Dr. Goldberg has served as general chairman of the Jewish Federation of Youngstown and is a member of the board. He has been an active member of the local Medical Society, the Ohio State Medical Association and the American Medical Association since 1936.

A life member of the Children of Israel Synagogue and the Jewish Chautauqua Society, Dr. Goldberg was honored in 1969 at a testimonial dinner for 25 years of humanitarian service to the community and the State of Israel, was the recipient of the 1975 B'nai B'rith Guardian of the Menorah as distinguished Civic Leader and Humanitarian; and received the "Justice Louis D. Brandeis Award" and the K for Silver Scholarship Plaque. He received awards as chairman of the annual combined Jewish Appeal and as president of the Jewish Federation of Youngstown.

Dr. Goldberg was chief of anesthesia at the TB Sanatorium from 1945 to 1952. He entered the Army Medical Corps in 1940 as a lieutenant, served in hospitals in North Carolina and England and was discharged in 1945 with the rank of Lieutenant Colonel.

He and his wife, the former Elinor Schagrin, have two children and two grandchildren.

# From the Bulletin

## FIFTY YEARS AGO — DECEMBER 1933

This was the situation stated briefly in Secretary Skipp's report: "The year is drawing to a close. We had hoped for some improvement in the economic situation but there has been very little. In fact, we in the medical profession seem to be harder hit than ever. However, the Society has progressed and has added new members during the years. It is still holding the lead as the most progressive County Society in the State."

A new plan of caring for the indigent sick was in operation under the State Relief Commission and the Allied Council. According to the Relief Director, "We will have to limit our expenditures for medicine and specialists to emergency cases only. By emergency cases I mean those who are in danger of dying. I do not think it is the intention to attempt to cure chronic cases of year's standing."

Hospital dispensaries were about to close. Doctors were confused and querulous. Columnist "Breetus" (Paul Fuzy) asked "Do these patients all have to be inextremis" Chronic cases are not included in the plan but what are we to do with them? Should we throw all cardiac and diabetics on the scrap heap? Is that the New Deal?"

Patients began coming in with relief slips worth fifty cents for an office visit.irate doctors used the slips for various degrading purposes, paper being scarce.

There were 194 active members and 15 new members that year.

## FORTY YEARS AGO — DECEMBER 1943

There were 72 members in the armed services. Not many were heard from that month. Cukerbaum and Randell wrote in but couldn't tell where they were. DeCicco was transferred from Australia to some island in the South Pacific where he was slowly starving to death on C-Rations. Those of us in the Navy were managing to get by somehow on steaks, mashed potatoes, pie and ice cream.

The doctors at home were swamped with work. The winter of 1943-1944 was bitter. For the program committee (W. H. Bunn) it was a nightmare of transportation problems, cancellations and poor attendance.

Many medical Bulletins suspended publication for the duration, but ours has never missed an issue since it was started in January, 1931.

## THIRTY YEARS AGO — DECEMBER 1953

The Secretary of Defense announced that there would be no necessity for extension of the doctor draft law after July 1, 1955. The armed services had all the doctors they needed and in the future intended a program of "fence" mending and "belt tightening" whatever that means. The doctor draft was continued long after that year.

W. E. Sovik became a Fellow of the A.C.S. in the division of Ophthalmology. Paul Ruth was certified a Diplomate of the American Board of Ophthalmology. W. H. Evans presented a paper before the American Society of Ophthalmologic Allergy in Chicago.

There were 241 Active members, 16 Junior Active, 8 Associate, 26 Intern, 2 Non-Resident and 13 Honorary.

## TWENTY YEARS AGO — DECEMBER 1963

You remember the Mural Room? That was where the meeting was held to elect officers and transact other important business. The few who turned out enjoyed a free buffet dinner.

The Medical Society raised \$1,319.00 for the Esther Hamilton Christmas Show.

Richard Roland was elected President of the Academy of Family Practice and Fred Friedrich was elected Secretary.

Richard Murray, Bernard Schneider, Lou Bloomberg and Armin Banez were leaving on a teaching tour of the Far East, including the Philippines, Hong Kong and Japan.

Elmer Wenaas and A. E. Billet (D.D.S.) were away serving on hospital ship HOPE in Ecuador.

New members were: Karol A. Hoffman, Carl B. Klodell and John Tullai.

The Mural Room is gone, Tod House is gone, and the Palace Theater is torn down . . . all in the name of progress!

### TEN YEARS AGO — DECEMBER 1973

Outgoing President Ed Pichette made an appeal for "Compassionate Competence" among the members of our profession. Ed is without a doubt, one of the most eloquent members of our generation in our struggle against those who would turn our profession into a trade ruled by governmental rules and regulations.

No 50-year pins were granted at the annual meeting, since no member of the Society graduated in the year 1923. Election of Officers was held, and the new officers for 1974 were: John C. Melnick, President; Rashid Abdu, President-Elect; George Dietz, Secretary, and Y. T. Chiu, Treasurer. Delegates were: John Melnick, Felix Pesa, Ed Pichette, and Jack Schreiber. Editor of the *Bulletin* was Dr. Louis Bloomberg.

New member that month was Yeshawant V. Ginde, M.D.

Robert R. Fisher, M.D.

### ELECTIONS IN DECEMBER

At the November 15th meeting of the Mahoning County Medical Society the following were nominated for office and they will be listed on the ballot for the December meeting, Tuesday, Dec. 20. Further nomination may be made from the floor at that meeting.

President:	Dr. G. J. Baumblatt
Vice President	Dr. J. A. Lambert Dr. J. A. Ruiz
Secretary:	Dr. K. F. Wieneke
1988 Delegate:	Dr. J. J. Anderson
Alternate Delegates: (2 to elect)	Dr. A. G. Bitonte Dr. H. S. Wang
Council-at-Large: (5 to elect)	Dr. R. Aiello Dr. D. R. Dockry Dr. M. C. Galose Dr. J. G. Guju Dr. J. W. Tandatnick
Foundation Trustees:	Dr. J. A. Ruiz Dr. R. B. McConnell
Representative to Blue Cross:	Dr. W. E. Sovik

### NAMED EMERITUS

Dr. Frank Kravec recently became an Emeritus Faculty Member of Youngstown State University. He was a limited service member of the faculty in the Department of Biology as a biology instructor for the past 36 years. Many of his former students are now practicing physicians in the Mahoning Valley.

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## WHAT A NICE PARTY!



Dr. and Mrs. Gary Bitonte were a dashing couple in costumes reminiscent of Castilian Spain.



Dolly Parton look-a-like Mrs. Conner White drew appreciative smiles from Dr. and Mrs. Dean Limbert.



Authentic costumes from the Mid-East were worn by Dr. and Mrs. Jenkins at the Auxiliary Masquerade.

The Mahoning County Medical Auxiliary's Masquerade Ball at Squaw Creek Country Club the night of October 29th drew a fair turnout of costumed attendees and the variety of costumes was enough to please anyone.

The event started at 7 p.m. with cocktails and dinner was served at about 8 p.m. Music for the social function was provided by the Top Notes and as can be seen from the photos, a good time was had by all.

Next year's event promises to be even better, according to those in attendance and the success of this year's event was in the capable hands of Mrs. Gary Bitonte and her committee.

## ANNUAL MEETING IS DEC. 20

The Annual Meeting and election of officers of the Mahoning County Medical Society will be held Tuesday, Dec. 20 at the Youngstown Club.

The business of the meeting will include balloting, presentation of the "Doctor of the Year" award and presentation of 50-years in Medicine awards.

A social adjustment period will be held at 6:00 p.m. with dinner at 6:30 p.m. and the meeting immediately after dinner. All members are encouraged to attend this important meeting.

---

## ANNUAL BANQUET

The Annual Banquet of the Mahoning County Medical Society will be held Tuesday, Jan. 17th at the Youngstown Club. By tradition, the program is a family event with spouses, family members and friends invited to attend.

There will be a program designed to honor the outgoing president and other officers and members of Council and to install the new officers and members of Council for 1984. There will also be a special program, featuring something of interest to most of the members and their guests.

Notification of the meeting will be sent to all offices. There will be a social period at 6:00 p.m., with dinner to follow at 6:45 p.m. Reservations must be made with the Society office.

---

## DEJA VU

Medical education is being constantly scrutinized, with changes coming about slowly.

The Flexner Report early in this century brought order out of chaos and ushered in standardized training beamed at quality care. The Millis and other reports post World War II were in response to other needs that emerged from an altered society.

From the look and learn, hands on-job-training of a century ago emerged formalized university-type training. Preceptorships gave way to internship residency programs. More rigid standards spanned sophisticated monuments, favoring academic achievement, while humanistic (now behavioural) aspects became incidental.

It has been tough for the average student to enter American medicine because it was felt many did not belong to the academic hierarchy. That's why many have gone to some unrecognized foreign schools.

Society, in general, and students in our medical schools have let it be known that some changes are again needed. The recent AMAC conference considered some concepts presented by educators who were surveyed for their opinions. Among the many ideas posed were four significant areas medical schools are asked to address:

1. Decrease lecture time for students.
2. Increase small group discussions.
3. Instill into students the concept of self-directed learning.
4. Integrate clinical and basic science teaching.

With so much new knowledge constantly exploding around us, this makes sense. Let's learn basic concepts so we can evaluate situations rationally. Then we can utilize newer sources of information more specifically.

Perhaps, then, the average guy who can relate to patients will become more visible and we can restock our primary care physicians adequately.

Richard W. Juvancic, M.D.

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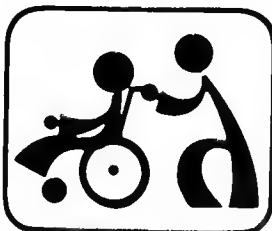
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## ALLERGY OR NO

It has been said we are what we eat! Or, what we do not eat!

Weight problems, growth problems, mental problems, etc. have been documented endlessly in support of such contentions.

Allergy, which has frequently been that nebulous something the other guy knows, keeps popping up frequently. There is talk of food allergy, drug allergy, environmental allergy, etc.

Tests have been developed for all kinds of allergies. Sometimes we accept these results religiously because experience has made us wary of unexplainable activities. At other times we disregard some concepts because they are unproven.

We speak vaguely in terms of allergy when we cannot explain phenomena just as we blame viruses for other undetermined illnesses. Yet, more and more research indicates allergy may be a factor in migraine, behavioural and puzzling reactions, as well as strange systemic syndromes.

Some folks involved in nutritional research have manufactured foods which they feel will positively affect problems now faced by many patients and physicians. Chinese restaurant syndrome, anaphylaxis, etc. are problems blamed on various ingested materials.

Will more concentrated research in nutrition help us to find natural ways to eliminate many puzzling problems?

We have been replacing organs with transplants and correcting problems with prostheses. Now if we could only do something with the aging process.

It would certainly be nice to feel young and healthy in retirement when we could really appreciate it.

Richard W. Juvancic, M.D.

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## MEDICATION INSTRUCTIONS

The American Medical Association has published 20 new Patient Medication Instruction (PMI) sheets, bringing to 60 the total in the series of information sheets about therapeutic drugs. For the first time, PMI sheets are available for over-the-counter drugs (other than insulin).

The PMI sheets were developed by the AMA for physicians to give to patients at the time a drug is prescribed, to help supplement the physician's oral instructions and serve later as a reference to aid the patient's memory.

PMI sheets are bound in pads of 50 sheets. A list of drugs listed on PMI sheets is available by contacting PMI Order Department, AMA, P.O. Box 8052, Rolling Meadows, IL 60008.

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## CME AT ST. ELIZABETH HOSPITAL

### FAMILY GRAND ROUNDS

Jan. 6, NEUROLOGY "Neuro-transmitters in Central Nervous System Disease" Christopher Terrence, M.D., chief of Neurology Services at VA Medical Center, Pittsburgh. A Geigy Visiting Fellow.

Jan. 13, CARDIOVASCULAR "Long-acting Nitroglycerin for Angina" Lawrence White, M.D., Case Western Reserve University School of Medicine. A Ciba Visiting Fellow.

Jan. 20, ORTHOPEDIC SURGERY "Chondromalacia." Speaker to be announced.

## NEOUCOM FACULTY APPOINTMENTS

The Board of Trustees of Northeastern Ohio Universities College of Medicine has approved the following faculty appointments:

Orthopedics, instructor, Robert J. Cuttica, M.D.; Joseph I. Gonzales, M.D.; Pathology, assistant professor, John C. York II, M.D.; Psychiatry, instructor, Prasad B. Guttikonda, M.D.; Internal Medicine, assistant professor, Kim, Goldenberg, M.D.; Pediatrics, assistant professor, Bemleshway Dayal, M.D.; Family Medicine, assistant professor, Frank H. Krautter, M.D.

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### AMBULATORY SURGICAL CARE CENTER

Negotiating with tenants or owner-occupants/investors in Boardman for new medical center on Rt. 224 at West Blvd. near Hitchcock Medical Center. A medical ambulatory/surgical care center for out-patient surgery and treatment. Plans are now being made for this much-needed facility. If you are interested in this new location, as a tenant for space for your new office, or as an owner, contact us now for information. Plans to be completed for construction early next year. Entrance/exits on Rt. 224 and from West Blvd. for safety to enter and leave at the traffic light. Please contact Dave Bartholomy, Realtor, personally. 758-4525 or 758-6027.

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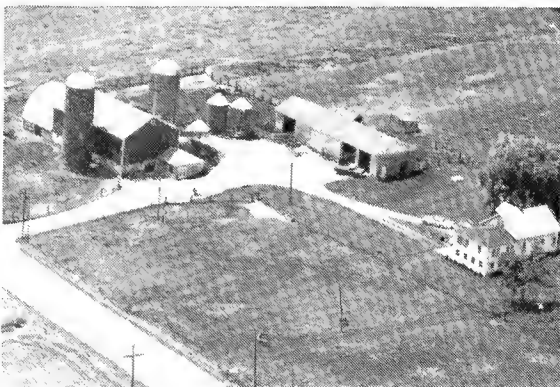
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Some ampicillin-resistant strains of *Haemophilus influenzae* —a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Ceflor.<sup>1-6</sup>

In clinical trials, patients with bacterial bronchitis due to susceptible strains of *Streptococcus pneumoniae*, *H. influenzae*, *S. pyogenes* (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceflor.<sup>7</sup>

# Ceflor<sup>®</sup>

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See adjoining column for  
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Pulvules<sup>®</sup>, 250 and 500 mg



3B0034

## Classified Advertising

### Brief Summary. Consult the package literature for prescribing information.

**Indications and Usage:** Cedor® (Cedrol, Lilly) is indicated in the treatment of the following infections caused by susceptible strains of the designated microorganisms:

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (Diplococcus pneumoniae), *Haemophilus influenzae*, and *S. pyogenes* (Group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cedor.

**Contraindication:** Cedor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS A REPORTED CROSS-ALLERGY OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Cedor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*.

Other causes of colitis should be considered in the differential diagnosis.

**Precautions:** **General Precautions:**—In an allergic reaction to Cedor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., epinephrine, antihistamines, or corticosteroids.

Prolonged use of Cedor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on patients who have received Cedor, the reactions whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug.

Cedor should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cedor, there may be a decrease in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistix® tablets but not with Test-Tape® (Bioscay Enzymatic Test Strip, USP, Lilly).

Drug-suspension antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

**Usage in Pregnancy—Pregnancy Category B**—Reproduction studies have been performed in mice and rats at doses up to 12 times the human dose and in ferrets given three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Cedor. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**Nursing Mothers**—Small amounts of Cedor have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.16, 0.20, 0.21, and 0.16 mg/ml at two, three, four, and five hours respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Cedor is administered to a nursing woman.

**Usage in Children**—Safety and effectiveness of this product for use in infants less than one month of age have not been established.

**Adverse Reactions:** Adverse effects considered related to therapy with Cedor are uncommon and are listed below.

**Gastrointestinal symptoms** occur in about 2.5 percent of patients and include diarrhea (1 in 70). Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely.

**Hypersensitivity reactions** have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 100 patients. Cases of serum sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthritis and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cedor. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of encephalopathy have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain**—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic**—Slight elevations of SGOT, SGPT, or alkaline phosphatase values (1 in 40).

**Hematopoietic**—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal**—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[061782R]

\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

**Note:** Cedor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

#### References

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5. Current Chemotherapy (edited by W. Siegenhahn and R. Luty), 11:680, Washington, D.C. American Society for Microbiology, 1977.
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7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett), p. 487, New York, John Wiley & Sons, 1979.

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Additional information available to the profession on request from  
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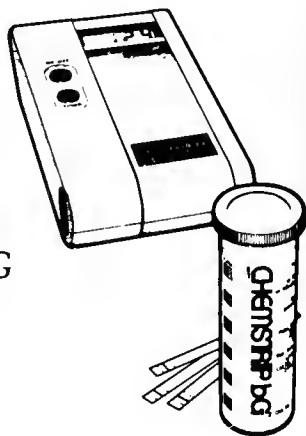
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